

# Oregon Workers' Compensation Certificate of Insurance



**Certificate holder:**

TO WHOM IT MAY CONCERN

**The policy of insurance listed below has been issued to the insured named below for the policy period indicated. The insurance afforded by this policy is subject to all the terms, exclusions and conditions of such policy; this policy is subject to change or cancellation at any time.**

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| <b>Insured</b><br>Klamath Child & Family Treatment Center Inc<br>2210 N Eldorado Ave<br>Klamath Falls, Or 97601-6418 | <b>Producer/contact</b><br>SAIF Corporation<br>Katie M Raikes<br>541.857.4209 katrai@saif.com                                                                                        |
| <b>Issued</b> 06/18/2019<br><b>Policy</b> 908035<br><b>Period</b> 04/01/2019 to 04/01/2020                           | <b>Limits of liability</b><br>Bodily Injury by Accident \$500,000 each accident<br>Bodily Injury by Disease \$500,000 each employee<br>Body Injury by Disease \$500,000 policy limit |

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**Description of operations/locations/special items**

**Important**

This certificate is issued as a matter of information only and confers no rights to the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policies above. This certificate does not constitute a contract between the issuing insurer, authorized representative or producer and the certificate holder.

Authorized representative

A handwritten signature in black ink that reads "Kerry Barnett". The signature is written in a cursive, flowing style.

Kerry Barnett  
President and CEO

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